

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

ALACHUA COUNTY HEALTH DEPARTMENT

IMMUNIZATION FEES FOR FOREIGN TRAVEL

This certifies that notice is given to _____

(print name)

(individual/guardian with coverage by an HMO, PPO, or any other health insurance) who is seeking immunization for foreign travel. Individual/guardian understands that they are responsible for all Alachua County Health Department (ACHD) Foreign Travel Immunization Department charges. Individuals must file for reimbursement with their health insurance carriers. Payment in full is due prior to receiving the required immunizations for travel destination. It is also understood that the ACHD will not waive or refund the difference between the cost of the immunization(s) and/or the administration fee for foreign travel and the amount which health care insurance will cover. Immunization(s) required for entry into a specific country are non-covered services with any HMO, PPO, or any other health insurance coverage.

I understand that all fees for foreign travel immunizations are strictly my responsibility.

Signed: _____ Date: _____

ACHD staff/witness: _____ Date: _____

****Form must be signed and payment made to receive immunizations****

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Florida Department of Health

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